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SUBJECT/MESSAGE:

Revocation of Power of Attorney and Change of Correspondence Address

Attorney Docket No.: LSN-4CDXCD1  
Application No. : 10/736,804  
Filing Date : December 15, 2003  
Applicant : John E. Larson  
Art Unit : 3632

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PTO/SB/82 (04-05)

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/736,804
Filing Date	December 15, 2003
First Named Inventor	John Larson
Art Unit	3632
Examiner Name	
Attorney Docket Number	LSN-4CDXCD1

**I hereby revoke all previous powers of attorney given in the above-identified application.**☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

46271

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with  
Customer Number:

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OR

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Individual Name

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State

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Country

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I am the:

☒ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

John E. Larson

Date

Jan 30th 2006

Telephone

(406) 363-3804

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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